

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 18, 1980

ALL-COUNTY LETTER NO. 80-20

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CHILD SUPPORT REPORTING REQUIREMENTS

REFERENCE: ALL-COUNTY INFORMATION NOTICE 1-34-79 (4TH PARAGRAPH)

This is to inform you that, effective April 1, 1980, the Department of Social Services will require a semi-annual report from the county welfare departments regarding Child Support "Claims of Good Cause".

This report is required due to DHEW's "Good Cause" regulations dated October 3, 1978. The federal reporting requirements were specified in the 45 CFR 232.48 section; however, formalized reporting was not required at that time pending the development of a federal reporting system. Additionally, the above requirements were incorporated into the State regulations (EAS 43-107) issued January 12, 1979. The Department of Social Services received the finalized federal report (SSA 4680) in December 1979.

Attached is a copy of the State report form (CA 1004) and its instructions. The semi-annual report periods will be April-September and October-March (federal fiscal year). Data collection for the report is to begin April 1, 1980, with the first report due on October 21, 1980. Please note that all good cause claims which have not had a final determination made as of April 1, 1980, should be included in that first report. Additionally, to assist your county in gathering the data, an optional data collection worksheet is attached. A supply of the State report form (CA 1004) and the worksheet (CA 1003) can be ordered through the Department of Social Services Warehouse.

The CA 51, Good Cause Claim and Determination Transmittal, has been identified as the county data source. Most of the federally required information can be obtained from the CA 51; however, the following information needs to be recorded on the CA 51 to make it complete for statistical reporting purposes.

- 1) Under reasons for claim, distinguish between physical and emotional harm for both child and parent. This can be done by circling either physical or emotional.

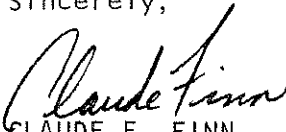
- 2) Identify the AFDC status at time of claim and at final determination. This can be done by recording whether claimant is an applicant or recipient in both instances.
- 3) Identify and record if "no investigation" was conducted.

The AFDC Program Systems Bureau is considering a revision to the CA 51 to include the above information and a statistical summary section. In the meantime, Statistical Services Bureau strongly suggests that the above information be recorded by the county on the present CA 51 so that the data will be available for reporting purposes.

This notice supersedes All-County Letter 79-25, dated April 26, 1979.

If you have any questions or wish additional information, please contact Dorothy Garcia of the Statistical Services Bureau at (916) 322-5462.

Sincerely,



CLAUDE E. FINN
Deputy Director
Administration Division

Attachments

cc: CWDA

Send one copy (by the 15th of the month)

to: Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 12-81
Sacramento, CA 95814

Summary Report on Claims of
Good Cause for Refusing to Cooperate in
Establishing Paternity and
Securing Child Support

County: _____

Report period: _____

Year: _____

April 1 - September 30 _____
October 1 - March 31 _____

SECTION I. CLAIMS MADE

1. Total claims made
*Must equal the sum of items 3 + 7 + 9
2. Total claims made where the claim was
based on physical harm without corroborative evidence
(This total is included in Item 1.)

SECTION II. VALID CLAIMS

3. Total claims found valid during report period (sum of a-g)
- a. Potential physical harm to child
- b. Potential emotional harm to child
- c. Potential physical harm to parent or caretaker relative
- d. Potential emotional harm to parent or caretaker relative
- e. Conception result of incest or forcible rape
- f. Legal adoption before court
- g. Parent receiving preadoption services
4. Total claims found valid during report period where the claim
was based on physical harm without corroborative evidence
(This total is included in Items 3, 3a and 3c)
5. Total claims found valid during report period where claim was
based solely on an examination of corroborative evidence with
no investigation (This total is included in Items 3 and 3a
through 3g.)
6. Total claims found valid during report period where it was
determined that enforcement may proceed without participation
of parent or caretaker relative (This total is included in
Items 3 and 3a through 3g.)

SECTION III. INVALID CLAIMS

7. Total claims found invalid during report period
8. Total claims found invalid during report period where the
claim was made by an applicant prior to receiving AFDC but
at final determination was a recipient of AFDC (This total
is included in Item 7.)

SECTION IV. CLAIMS WITHDRAWN

9. Total claims withdrawn during report period

Person to contact regarding this report: _____

Telephone number: _____

Date: _____

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REF: 26-234

26-234	Summary Report on Claims of Good Cause for Refusing to Cooperate in Establishing Paternity and Securing Child Support (Form CA 1004).	26-234
26-234.01	CONTENT	26-234.01
	This report is a summary of Good Cause claims received and actions taken during the six-month period (October-March or April-September) covered by the report.	
26-234.02	PURPOSE	26-234.02
	To provide federal administrators with information needed to assess the program impact of the Good Cause regulations (45 CFR Part 232, Sections 40-49); and for congressional reporting.	
26-234.03	DISTRIBUTION	26-234.03
	Information gathered in this report is compiled for use in reporting to DHEW, Office of Research and Statistics, SSA.	
26-234.04	DUE DATE	26-234.04
	Reports are due in Sacramento not later than the 15th working day of the calendar month following the report period. Send report to:	
	<p style="margin-left: 100px;">Department of Social Services Statistical Services Bureau 744 P Street, Mail Station 12-81 Sacramento, CA 95814</p>	
26-234.06	DEFINITIONS	26-234.06
	<p>Each applicant/recipient is required to cooperate with the county welfare department and District Attorney in establishing paternity and securing child support <u>when</u> he/she has requested or is receiving AFDC aid payments. Cooperation involves identifying and locating the absent parent(s) of a child; establishing paternity of a child; and obtaining support payments for him/herself and for a child. However, the applicant/recipient has the right to claim good cause (good reason) for refusing to cooperate if he/she feels that cooperation would not be in the best interests of the child (EAS 43-107).</p> <p><u>CLAIMS MADE</u> are claims filed by an applicant/recipient which state that he/she believes to have good cause for refusing to cooperate and agrees to prove the validity of the claim. The claim is made on the state form, CA 51, Good Cause Claim and Determination Transmittal.</p> <p><u>VALID CLAIMS</u> are those where, based on the claim filed, evidence provided and/or investigation conducted, it was determined that good cause exists (reason is valid). The cooperation requirement is exempted.</p>	

INVALID CLAIMS are those where, based on the claim filed, evidence provided and/or investigation conducted, it was determined that good cause does not exist (reason is invalid). Cooperation is still required.

WITHDRAWN CLAIMS are those withdrawn, cancelled or otherwise disposed of before a final claim determination is made as to the validity of the claim. This includes those claims withdrawn at the request of the applicant/recipient or those where the AFDC application is withdrawn or AFDC aid is discontinued.

CORROBORATIVE EVIDENCE - see EAS Manual Section 43-107.43.

GOOD CAUSE CIRCUMSTANCES - see EAS Manual Section 43-107.41.

REPORT PERIOD - is the six-month (calendar) period based on the federal fiscal year. The report periods are:
October 1 - March 31 and April 1 - September 30.

26-234.10 INSTRUCTIONS (see source guide 26-234.90)

26-234.10

1. Total claims made.

Enter number of claims made. Include only those claims that were finalized (disposed of) during the report period. This total must equal the sum of Items 3 + 7 + 9.

Break out from total the following specific type of claim:
(item 2):

2. Total claims made where the claim was based on physical harm without corroborative evidence.

3. Total claims found valid during report period.

Enter number of claims found valid during the report period. Include all claims found valid regardless of the original date of claim.

Break down total according to the following good cause circumstances:

- a. Potential physical harm to child
- b. Potential emotional harm to child
- c. Potential physical harm to parent or caretaker relative
- d. Potential emotional harm to parent or caretaker relative
- e. Conception result of incest or forcible rape
- f. Legal adoption before court
- g. Parent receiving preadoption services

Note: Only one good cause circumstance per claim can apply for reporting purposes. If more than one is indicated, it must be determined which one is the most significant.

4. Total claims found valid during report period where the claim was based on physical harm without corroborative evidence.

Enter number of claims found valid during the report period. This total is a subset of items 3, 3a and 3c and cannot exceed the sum of 3a + 3c.

5. Total claims found valid during report period where the claim was based solely on an examination of corroborative evidence with no investigation.

Enter number of claims found valid during the report period. This total is a subset of items 3 and 3a-3g, and cannot exceed item 3. NOTE: The sum of items 4 and 5 cannot exceed item 3.

6. Total claims found valid during report period where it was determined that enforcement may proceed without participation of parent or caretaker relative.

Enter number of claims found valid during the report period. This total is a subset of items 3 and 3a-3g and cannot exceed item 3.

7. Total claims found invalid during report period.

Enter number of claims found invalid during the report period. Include all claims found invalid regardless of the original date of claim.

Break out from total the following specific type of invalid claim: (item 8):

8. Total claims found invalid during report period where the claim was made by an applicant prior to receiving AFDC but at final determination was a recipient of AFDC.

9. Total claims withdrawn during report period.

Enter number of claims withdrawn during report period. Include all claims withdrawn regardless of the original date of claim.

26-234.90 FORM AND SOURCE GUIDE (CA 1004)

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; do not leave any item blank.

Opposite the report form in the manual is the source guide for that report. The purpose of the source guide is to indicate the specific place on the county source document where the data required for the statistical report can be found.

SOURCE GUIDE

SUMMARY REPORT ON CLAIMS OF GOOD CAUSE
FOR REFUSING TO COOPERATE IN ESTABLISHING
PATERNITY AND SECURING CHILD SUPPORT

FORM CA 1004

SOURCE	
FORMS CA 51 STATISTICAL SUMMARY OR CA 1003 WORKSHEET	CA 1004
<p><u>CLAIM WITHDRAWN</u></p> <p>If claim was withdrawn, then "Claim Withdrawn" will be checked and dated. Items 1 and 2 must also be completed. Remaining items must be blank. If box is checked but not dated or if items 1 and 2 are not completed - notify supervisor. The claim is incomplete.</p> <p>Check date withdrawn and count claim only if dated in current report period. Tabulation for the claim will include items 1, 2 and 9. See below for item instructions.</p> <p><u>FINAL DETERMINATION</u></p> <p>If a final determination was made, then "Final Determination" will be checked and dated. Items 1-6 (valid claim) or 1-2 and 7-8 (invalid claim) must also be completed. Remaining items must be blank. If box is checked but not dated or if any of required items are not completed - notify supervisor. The claim is incomplete.</p> <p>Check date of determination and count only if dated in current report period. Tabulation for the claim will include items 1-6 or 1-2 and 7-8 depending on whether claim was found valid or invalid. See below for item instructions.</p>	
Item 1 - Count one.	SECTION I - CLAIMS MADE ITEM 1
Item 2 - Count one only if "yes" is checked.	ITEM 2
Item 3 - Count one.	SECTION II - VALID CLAIMS ITEM 3
Items 3a-3g - Count one for the item checked. If more than one is checked - notify supervisor. For reporting purposes only one item can be checked (Reference 26-234.10).	ITEMS 3a-3g
Item 4 - Count one only if "yes" is checked. If "yes" is checked, then Item 5 must be checked "no".	ITEM 4
Item 5 - Count one only if "yes" is checked. If "yes" is checked, then Item 4 must be checked "no".	ITEM 5
Item 6 - Count one only if "yes" is checked.	ITEM 6
Item 7 - Count one.	SECTION III - INVALID CLAIMS ITEM 7
Item 8 - Count one only if "yes" is checked.	ITEM 8
Item 9 - Count one.	SECTION IV - CLAIMS WITHDRAWN ITEM 9

NOTE: A claim can be withdrawn or have had a final determination made. It cannot be both.
A claim's final determination can be found valid or invalid. It cannot be both.

CA 51 (03/80 REVISION) - GOOD CAUSE CLAIM AND DETERMINATION TRANSMITTAL

CA 1003 (03/80) WORKSHEET - CLAIM OF GOOD CAUSE FOR REFUSING TO COOPERATE IN ESTABLISHING
PATERNITY AND SECURING CHILD SUPPORT

WORKSHEET ON CLAIM OF GOOD CAUSE FOR REFUSING TO COOPERATE IN ESTABLISHING PATERNITY AND SECURING CHILD SUPPORT

Individual Case Report

Complete when final determination is made or when claim is withdrawn.
(See instructions on reverse side)

CASE NAME

CASE NUMBER

☐

CLAIM WITHDRAWN

MO	DA	YR

(complete Items 1 and 2 only)

☐

FINAL DETERMINATION

MO	DA	YR

(complete Items 1 through 6 if good cause exists or
Items 1,2,7 and 8 if good cause does not exist)

1. Claim made on

MO	DA	YR

1. ☒

2. Was it based on physical harm without evidence?

2. ☐ YES☐ NO

3. Good Cause exists.

3. ☐

Was it based on: (Check only one box.)

3a. Physical harm/child?

3a. ☐

3b. Emotional harm/child?

3b. ☐

3c. Physical harm/parent or caretaker relative?

3c. ☐

3d. Emotional harm/parent or caretaker relative?

3d. ☐

3e. Forcible rape or incest?

3e. ☐

3f. Legal adoption before court?

3f. ☐

3g. Preadoption services?

3g. ☐

AND

4. Was it based on physical harm without evidence?

4. ☐ YES☐ NO

AND

5. Was it based solely on an examination of evidence
with no investigation?5. ☐ YES☐ NO

AND

6. May enforcement proceed without applicant/recipient
participation?6. ☐ YES☐ NO

7. Good Cause does not exist.

7. ☐8. Was the claimant an applicant at time of claim but
a recipient at final determination?8. ☐ YES☐ NO

CASE WORKER NAME

NUMBER

TELEPHONE:

INSTRUCTIONS

Information needed to complete the individual case report can be obtained from the CA 51, Good Cause Claim and Determination Transmittal, case record document.

INDIVIDUAL CASE REPORT

This report is to be completed when a final claim determination is made or when a claim is withdrawn. A claim is considered withdrawn if the applicant/recipient withdrew the claim; withdrew the AFDC application; requested AFDC discontinuance; or if the county cancelled or otherwise disposed of the claim before a final claim determination is made.

CLAIM WITHDRAWN — If claim was withdrawn, check (✓) box and enter date when claim was withdrawn. Complete Items 1 and 2 and leave rest of form blank.

FINAL DETERMINATION — If a final determination was made, check (✓) box and enter date when the final determination was made. Complete Items 1–6 if determined that good cause exists or Items 1,2,7 and 8 if determined that good cause does not exist.

1. Enter date when claim was made.
2. Based on the claim made, determine if YES or NO. Check (✓) appropriate box.
3. If determined that good cause exists, check (✓) box.
- 3a—Check (✓) only one box for the good cause circumstance. If more than one 3g. is indicated, check the most significant.
4. Based on the final determination that good cause exists, determine if YES or NO. Check (✓) appropriate box. If checked "YES", then Item 5 must be checked "NO".
5. Based on the final determination that good cause exists, determine if YES or NO. Check (✓) appropriate box. If checked "YES", the Item 4 must be checked "NO".
6. Based on the final determination that good cause exists, determine if YES or NO. Check (✓) appropriate box.
7. If determined that good cause does not exist, check (✓) box.
8. Based on the final determination that good cause does not exist, determine if YES or NO. Check (✓) appropriate box.

At end of report period, route document to County Statistical Section.